

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38857

STATE FILE NUMBER

Registration District No. 333

Primary Registration District No. 6115

Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>SCOTT</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richland Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>SIKESTON</b> <sup>1003</sup>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US #61 NORTH</b>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>RD #4 - SELMA ST</b>	
3. NAME OF DECEASED (Type or print) <b>ALLEN JACKSON LEDBETTER</b>				4. DATE OF DEATH <b>10-13-1957</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>SEPT 13 1935</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BLDG. CUSTODIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CUSTODIAN OF ARMORY</b>		11. BIRTHPLACE (City and state or country) <b>MISS CO MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>R. J. LEDBETTER</b>				14. MOTHER'S MAIDEN NAME <b>ANNA LEE FORREST</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>498-34-0716</b>		17. INFORMANT <b>R. J. Ledbetter</b> Address <b>Sikeston Mo. R4</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Skull Fractures</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <b>0</b>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Hit horse on highway - Car wrecked.</b>					
20c. TIME OF INJURY <b>1:30 a.m.</b>		Month, Day, Year <b>10-13-57</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>US Hwy 61 NORTH OF SIKESTON</b>		20f. CITY, TOWN, OR LOCATION <b>SIKESTON</b>		COUNTY <b>SCOTT</b> STATE <b>MO</b>	
21. I attended the deceased from <b>First call after death</b> and last saw her <b>him</b> alive on <b>1:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <b>1:30 A.M.</b>							
22a. SIGNATURE <b>Thelma C. Buchholz</b> (Degree or title) <b>M.D. Health Officer</b>				22b. ADDRESS <b>Benton Mo</b>		22c. DATE SIGNED <b>10-14-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10/15/1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>DAK GROVE</b>		23d. LOCATION (City, town, or county) (State) <b>Miss Co MO</b>	
24. FUNERAL DIRECTOR <b>Welch Funeral Home</b>		ADDRESS <b>Sikeston Mo</b>		25. DATE RECD. BY LOCAL REG. <b>10-15-57</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED OCT 21 1957  
SCOTT CO. HEALTH DEPT.  
CO. FILE NO. 1057-221

MAR 24 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Raymond Lewis*

Licensed Embalmer No. 346

P. O. Address Liberty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.